

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only AM 11:59

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

SAVE RT 66

ADDRESS (number and street)

3419 CENTAL NE

Check if different  
than previously  
reported. (ACC)

ALBUQUERQUE

NM

87104-1431

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00585653

3. IS THIS  
REPORT

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31 2015  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the  
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

08 26 2015

through

12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STEPHEN H SCHROEDER

Signature of Treasurer

St Schroeder

Date

08 10 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*SAVE RT 66*

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup>*08 26 2015*

To: <sup>M M / D D / Y Y Y Y</sup>*12 31 2015*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y Y Y Y</sup> <i>2015</i>		
(b) Cash on Hand at Beginning of Reporting Period.....	<i>5,309.00</i>	<i>5,309.00</i>
(c) Total Receipts (from Line 19) .....	<i>5,269.67</i>	<i>5,269.67</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....		
7. Total Disbursements (from Line 31) .....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<i>39.33</i>	<i>39.33</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures .....	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5,269.67	5,269.67
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E) .....	,	,
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	,	,
(b) Political Party Committees .....	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,
29. Other Disbursements .....	,	,
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds .....	,	,
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5,269.67	5,269.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	, 5,309.00	, 5,309.00
34. Total Contribution Refunds (from Line 28(d)) .....	, ,	, ,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, ,	, ,
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, ,	, ,
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, ,	, ,
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, ,	, ,

2016-08-15 09:00:15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SAVERT 66

Full Name (Last, First, Middle Initial)

A. JIMMY ANAGNOSTAKOS

Mailing Address

6411 CENTRAL NW

City

ALBUQ.

State

NM

Zip Code

87105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WESTERN VIEW DINER

Occupation

OWNER

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

09 21 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

B. CHARLES "CHUCK" ALDRICH

Mailing Address

6910 CENTRAL SE

City

ALBUQ.

State

NM

Zip Code

87108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEWELERS REPAIR SHOP

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

10 02 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

C. MARK & JEAN BERSTEIN

Mailing Address

~~3416 CENTRAL SE~~ 4224 RIO GRANDE NW

City

ALBUQ.

State

NM

Zip Code

~~87106~~ 87107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLYING STAR

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

10 22 2015

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional)

603.00

TOTAL This Period (last page this line number only)

2010-08-15 PM 00:06:11

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

SAUERT66

Full Name (Last, First, Middle Initial)

A. JIM SUTTON

Mailing Address

4600 CENTRAL SE

City

ALBUQ.

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JIM'S 66 MUFFLER

Occupation

OWNER

Receipt For: ☐ Primary ☐ General

Aggregate Year-to-Date ▼

☐ Other (specify) ▼

201.00

Date of Receipt

10 01 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

B. THOMAS TINNIN

Mailing Address

4616 CENTRAL SE  
CLASSIC CENTURY SQUARE

City

ALBUQ

State

NM

Zip Code

87108

FEC ID number of contributing  
federal political committee.

C

TINNIN INVESTMENTS, INC

Name of Employer

CLASSIC CENTURY SQUARE

Occupation

OWNER

Receipt For: ☐ Primary ☐ General

Aggregate Year-to-Date ▼

☐ Other (specify) ▼

201.00

Date of Receipt

10 12 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

C. CHRIS CHRONIS

Mailing Address

5925 CENTRAL NW

City

ALBUQ.

State

NM

Zip Code

87105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SKI HI LIQUORS

Occupation

OWNER

Receipt For: ☐ Primary ☐ General

Aggregate Year-to-Date ▼

☐ Other (specify) ▼

201.00

Date of Receipt

10 02 2015

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional)

603.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SAUERT66

Full Name (Last, First, Middle Initial)

A. ALAN DIREEN

Mailing Address

11109 CENTRAL NE

City

ALBUQ.

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INDOOR FLEA MARKET

Occupation

OWNER

Receipt For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

10 06 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

B. DOUG PETERSON

Mailing Address

2325 SAN PEDRO NE

City

ALBUQ.

State

NM

Zip Code

87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PETERSON PROPERTIES

Occupation

PRINCIPAL

Receipt For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

09 14 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

C. JOE KOURY

Mailing Address

2900 CENTRAL SE

City

ALBUQ.

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NANNIE'S FAMILY RESTAURANT, INC

Occupation

OWNER

Receipt For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

09 13 2015

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional).....▶

603.00

TOTAL This Period (last page this line number only).....▶

2010-08-15 PM 00:07:10



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

*SAUET 66*

Full Name (Last, First, Middle Initial)

A. *KERRY RAYNER*

Mailing Address

*3201 CENTRAL NE*

City

*ALBUQ*

State

*NM*

Zip Code

*87106*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*MONTE VISTA FIREHOUSE*

Occupation

*OWNER*

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

*201.00*

Date of Receipt

*09 03 2015*

Amount of Each Receipt this Period

*201.00*

Full Name (Last, First, Middle Initial)

B. *PETER GIANOPOULOS*

Mailing Address

*3225 CENTRAL NE*

City

*ALBUQ.*

State

*NM*

Zip Code

*87106*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*MATANZA / CONCEPT 3225*

Occupation

*OWNER*

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

*201.00*

Date of Receipt

*09 30 2015*

Amount of Each Receipt this Period

*201.00*

Full Name (Last, First, Middle Initial)

C. *STEVE PATERNOSTER*

Mailing Address

*3500 CENTRAL NE*

City

*ALBUQ.*

State

*NM*

Zip Code

*87106*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*SLAD NORTHERN ITALIAN GRILL*

Occupation

*OWNER*

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

*201.00*

Date of Receipt

*09 02 2015*

Amount of Each Receipt this Period

*201.00*

SUBTOTAL of Receipts This Page (optional).....

*603.00*

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

SAVE RTT 66

Full Name (Last, First, Middle Initial)

A. RYAN HOLLER

Mailing Address

3503 CENTRAL NE

City

ALBUQ.

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOAD ROAD

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 201.00

Date of Receipt

09 / 05 / 2015

Amount of Each Receipt this Period

, 201.00

Full Name (Last, First, Middle Initial)

B. JASON ZANG

Mailing Address

3523 CENTRAL NE

City

ALBUQ

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAN TANG / CHOWS

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 201.00

Date of Receipt

09 / 17 / 2015

Amount of Each Receipt this Period

, 201.00

Full Name (Last, First, Middle Initial)

C. GEORGE KATSAROS

Mailing Address

3916 CENTRAL SW

City

ALBUQ.

State

NM

Zip Code

87105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MONT CARLO LIQUORS & STEAKHOUSE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 201.00

Date of Receipt

09 / 16 / 2015

Amount of Each Receipt this Period

, 201.00

SUBTOTAL of Receipts This Page (optional).....▶

, 603.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE 6 OF 8

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NAME OF COMMITTEE (In Full)

SAUERT 66

A. Full Name (Last, First, Middle Initial) STEPHEN H SCHROEDER  
Mailing Address 3419 CENTRAL NE  
City ALBUQ. State NM Zip Code 87106  
FEC ID number of contributing federal political committee. C  
Name of Employer NOB HILL MUSIC Occupation OWNER  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼  
Aggregate Year-to-Date 495.00  
500.00

Date of Receipt

08 26 2015

Amount of Each Receipt this Period

500.00  
495.00

B. Full Name (Last, First, Middle Initial) RON PETERSON  
Mailing Address 4418 CENTRAL SE  
City ALBUQ. State NM Zip Code 87108  
FEC ID number of contributing federal political committee. C  
Name of Employer RON PETERSON FIREARMS, LLC Occupation OWNER  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼  
Aggregate Year-to-Date 201.00

Date of Receipt

12 08 2015

Amount of Each Receipt this Period

201.00

C. Full Name (Last, First, Middle Initial) ANTHONY ANELLA  
Mailing Address 103 DARTMOUTH SE PO BOX 40142  
City ALBUQ. State NM Zip Code 87106  
FEC ID number of contributing federal political committee. C  
Name of Employer ANTHONY ANELLA ARCHITECTURE Occupation OWNER  
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼  
Aggregate Year-to-Date 201.00

Date of Receipt

09 03 2015

Amount of Each Receipt this Period

201.00

SUBTOTAL of Receipts This Page (optional).....▶

897.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

SAVERT66

Full Name (Last, First, Middle Initial)

A. CHRISTY DELOZIER

Mailing Address

107 CARLISLE SE

City

ALBUQ.

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HERB STORE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

08 10 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

B. JOHN MARIAS

Mailing Address

6217 CENTRAL NW

City

ALBUQ

State

NM

Zip Code

87105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAC'S LA SIERRA COFFEE SHOP

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

09 28 2015

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

C. DONATIONS TO WEB SITE

Mailing Address

% 3419 CENTRAL NE

City

ABQ.

State

NM

Zip Code

87106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAVERT66.ORG

Occupation

WEBSITE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

12 21 2015

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional).....▶

492.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 4

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SAVERT66.ORG

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
09 11 2015  
TO 12 29 2015

A. CIVIL CENTER GARAGE

Mailing Address

1ST CIVIL PLAZA NW

City

ALBUQ

State

NM

Zip Code

87102

Purpose of Disbursement

PARKING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

35.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
10 23 2015

B. DON MICKEY DESIGNS, INC

Mailing Address

1530 WILKINSON NE

City

ALBUQ

State

NM

Zip Code

87106

Purpose of Disbursement

PRINTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2,953.01

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
09 06 2015

C. AIRPORT MAIL FACILITY

Mailing Address

2100 GEORGE RD SE

City

ALBUQ

State

NM

Zip Code

87106

Purpose of Disbursement

POSTAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

530.39

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

3,518.40

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 4

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SAVERT66.ORG

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
12 31 2015

A.

NUSENDA

Mailing Address

1801 LOMAS BLVD NE

City

ALBUQ.

State

NM

Zip Code

87106

Purpose of Disbursement

BANKING SERVICE FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

16.50

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
09 15 2015

B.

GO DADDY.COM, LLC

Mailing Address

14455 N. HAYDEN SUITE 226

City

SCOTTSDALE

State

AZ

Zip Code

85260

Purpose of Disbursement

WEBSITE SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

151.77

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
10 20 2015

C.

STAPLES

Mailing Address

3339 CENTRAL NE

City

ALBUQ.

State

NM

Zip Code

87106

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

487.57

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

655.84

TOTAL This Period (last page this line number only).....▶

2015-08-15 PM 00:00:22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **4**

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SAVETRT66.ORG**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
**12 06 2015**

A.

**AMERICAN EXPRESS**

Mailing Address

**PO BOX 650448**

City

**DALLAS**

State

**TX**

Zip Code

**75265-0448**

Purpose of Disbursement

**OFFICE SUPPLIES/CREDIT CARD**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**235.92**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
**09 16 2015**

B.

**ARCHAEOPTERYX DESIGN**

Mailing Address

**1501 BRYN MAWR NE**

City

**ALBUQ.**

State

**NM**

Zip Code

**87106**

Purpose of Disbursement

**WEB SITE DESIGN/UPKEEP**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**600.00**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y  
**10 19 2015**

C.

**WORD CENTER**

Mailing Address

**512 YALE BLVD SE**

City

**ALBUQ.**

State

**NM**

Zip Code

**87106**

Purpose of Disbursement

**TRANSCRIPTION**

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**48.17**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

**884.09**

TOTAL This Period (last page this line number only)..... ▶

2015-08-15 PM 00:07:25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SAVERT66.ORG

Full Name (Last, First, Middle Initial)

A.

DICK SATTETZ

Date of Disbursement

12 22 2015

Mailing Address

9201 MONTGOMERY NE

City

State

Zip Code

ABQ.

NM

87111

Purpose of Disbursement

ACCOUNTING FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

79.32

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

WALMART

Date of Disbursement

08 28 2015

Mailing Address

2701 CARUSLE NE

City

State

Zip Code

ALBUQ.

NM

87110

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

132.02

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

211.34

TOTAL This Period (last page this line number only).....▶

5,269.67



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SAVE RT 66</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00585653</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <b>COPY TO COMPLETE AMENDED REPORT</b>	

Full Name of Payee <b>CIVIC CENTER GARAGE</b>			Date of Public Distribution/Dissemination <b>09 11 2015</b>	
Mailing Address <b>1 ST CIVIC PLAZA NW</b>			Amount <b>35.00</b>	
City <b>ALBUQ.</b>	State <b>NM</b>	Zip Code <b>87102</b>	Date of Disbursement or Obligation	
Purpose of Expenditure <b>PARKING</b>		Category/Type <b>011</b>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>DON MICKEY DESIGNS, INC.</b>			Date of Public Distribution/Dissemination <b>10 23 2015</b>	
Mailing Address <b>1530 GIRARD NE</b>			Amount <b>2,953.01</b>	
City <b>ALBUQ.</b>	State <b>NM</b>	Zip Code <b>87106</b>	Date of Disbursement or Obligation	
Purpose of Expenditure <b>PRINTING</b>		Category/Type <b>011</b>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2,988.01</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>2,988.01</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **St Schmitt** Date **01 29 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **2** OF **6**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SAVERT 66</b>	FEC IDENTIFICATION NUMBER <b>C00585653</b>
---	---

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on  
**COPY TO COMPLETE AMENDED REPORT**

Full Name of Payee <b>AIRPORT MAIL FACILITY</b>		Date of Public Distribution/Dissemination <b>09/06/2015</b>
Mailing Address <b>2100 GEORGE RD SE</b>		Amount <b>530.39</b>
City <b>ALBUQ.</b>	State <b>NM</b>	Zip Code <b>87106</b>
Purpose of Expenditure <b>POSTAGE</b>	Category/Type <b>011</b>	Date of Disbursement or Obligation <b>09/06/2015</b>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>NUSENDA</b>		Date of Public Distribution/Dissemination <b>12/31/2015</b>
Mailing Address <b>1801 LOMAS BLVD NE</b>		Amount <b>16.50</b>
City <b>ALBUQ.</b>	State <b>NM</b>	Zip Code <b>87106</b>
Purpose of Expenditure	Category/Type <b>011</b>	Date of Disbursement or Obligation <b>12/31/2015</b>
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... **546.89**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... **546.89**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

**SA Schuch**  
 Signature

Date **01/29/2016**

2016-08-15 PM 00:06:47.28

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **3** OF **6**  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SAVE RT 66</b>	FEC IDENTIFICATION NUMBER <b>C00585653</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <b>COPY TO COMPLETE AMENDED REPORT</b>	

Full Name of Payee <b>GO DADDY.COM, LLC</b>	Date of Public Distribution/Dissemination <b>09/15/2015</b>
Mailing Address <b>14455 N. HAYDEN SUITE 226</b>	Amount <b>151.77</b>
City <b>SCOTTSDALE</b> State <b>AZ</b> Zip Code <b>85260</b>	Date of Disbursement or Obligation <b>09/15/2015</b>
Purpose of Expenditure <b>WEB SITE SERVICES</b> Category/Type <b>011</b>	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee <b>STAPLES</b>	Date of Public Distribution/Dissemination <b>10/20/2015</b>
Mailing Address <b>3339 CENTRAL NE</b>	Amount <b>487.57</b>
City <b>ALBUQ.</b> State <b>NM</b> Zip Code <b>87106</b>	Date of Disbursement or Obligation <b>10/20/2015</b>
Purpose of Expenditure <b>OFFICE SUPPLIES</b> Category/Type <b>011</b>	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... **639.34**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... **639.34**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **SH. Schuch** Date **01/29/2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **4** OF **6**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SAVE RT 66</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00585653</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____ <b>COPY TO COMPLETE AMENDED REPORT</b>	

Full Name of Payee <b>AMERICAN EXPRESS</b>			Date of Public Distribution/Dissemination MM/DD/YYYY <b>12 06 2015</b>	
Mailing Address <b>PO BOX 650448</b>			Amount <b>235.92</b>	
City <b>DALLAS</b>	State <b>TX</b>	Zip Code <b>75265-0448</b>	Date of Disbursement or Obligation MM/DD/YYYY	
Purpose of Expenditure <b>OFFICE SUPPLIES/CREDIT CARD</b>		Category/Type <b>011</b>		
Name of Federal Candidate <b>CARD</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>ARCHAEOPTERYX DESIGN</b>			Date of Public Distribution/Dissemination MM/DD/YYYY <b>09 16 2015</b>	
Mailing Address <b>1501 BRYN MAWR NE</b>			Amount <b>600.00</b>	
City <b>ALBUQ.</b>	State <b>NM</b>	Zip Code <b>87106</b>	Date of Disbursement or Obligation MM/DD/YYYY	
Purpose of Expenditure		Category/Type <b>011</b>		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>835.92</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>835.92</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **SA Schuch** Date MM/DD/YYYY **01 29 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>SAVE RT 66</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00585653</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____ <u>COPY TO COMPLETE AMENDED REPORT</u>	

Full Name of Payee <u>WORD CENTER</u>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>10 / 19 / 2015</u>	
Mailing Address <u>512 YALE BLVD SE</u>			Amount <u>48.17</u>	
City <u>ALBUQ.</u>	State <u>NM</u>	Zip Code <u>87106</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Purpose of Expenditure <u>TRANSCRIPTION</u>		Category/Type <u>011</u>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>DICK SATTER</u>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>12 / 22 / 2015</u>	
Mailing Address <u>9201 MONTGOMERY NE</u>			Amount <u>79.32</u>	
City <u>ALBUQ.</u>	State <u>NM</u>	Zip Code <u>87111</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Purpose of Expenditure		Category/Type <u>011</u>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<u>127.49</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	,
(c) TOTAL Independent Expenditures.....▶	<u>127.49</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SA Schroch

Date M M / D D / Y Y Y Y  
01 / 29 / 2016

2016-08-15 09:08:06 AM

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 6 OF 6  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>SAVE RT 66</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00585653</u>
--	--

Check if ☐ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

COPY TO COMPLETE AMENDED REPORT

Full Name of Payee <u>WALMART</u>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>08 28 2015</u>	
Mailing Address <u>2701 CARLISLE NE</u>			Amount <u>132.02</u>	
City <u>ALBUQ.</u>	State <u>NM</u>	Zip Code <u>87110</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Purpose of Expenditure <u>OFFICE SUPPLIES</u>		Category/Type <u>011</u>		

Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 132.02

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶ 132.02

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SA Schroeder

Date 01 29 2016

2016-08-15 PM 08:00:12

20463

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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Date of Receipt

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8/10/16

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☐ No Postmark

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☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

  
PREPARER

8/15/16  
DATE PREPARED